

JAN - 7 1998

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STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L16815
START CARD # 098476

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Denny Land & Cattle Co.

Address HC 73 13738
City Burns State OR Zip 97720

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 410 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
22	0	23	cement	0	23	20 sacks
18	23	97				
16	97	410				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 18	+1	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	+1	597	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 900 Drawdown 100ft Drill stem at 160 Time 1 hr.
Temperature of water 58 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other sandy
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 24S N or S Range 27E E or W. WM.
Section 24 SW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) South Ranch Rd

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 12-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
25	360	900	17
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(12) WELL LOG: WATER RESOURCES DEPT.
GNDW. OREGON
Ground Elev. _____

Material	From	To	SWL
clay loom topsoil	0	2	
clay grey	2	6	
clay brn	6	18	
clay gravel	18	25	
gravel clay caving	25	38	17
clay gravel	38	78	17
rock blk	78	80	17
sandstone brn	80	90	17
rock blk	90	121	17
sandstone brn	121	156	17
clay yellow, gravel fine	156	174	17
clay grey	174	202	17
clay brn	202	260	17
clay green	260	300	17
clay brn	300	320	17
clay breen	320	345	17
sand blk med fine	345	360	17
clay green	360	410	17

Date started 12-5-97 Completed 12-23-97

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1424
Signed Timothy K. Riley Date 1-3-98